## REQUEST TO ACCESS A PURCHASING DIVISION RECORD

TC	D: DIVISION OF PURCHASING DATE:
FR	ROM:
	(include mailing address and phone number)
**	***************************************
RE	EQUEST:
[	To inspect the records listed below.
[	To copy the records listed below.
	To have the records listed below mailed to me at the above address.
	ECORDS REQUESTED (Note: Please specify identification number for contract, oposal, bid, purchase order, etc.)
IN	FORMATION - APPLICABLE CHARGES:
1.	Copy Charges (Section 4-2.2 Reproduction Fees, Kauai County Code): \$ .50 for first 10 pages; \$ .25 thereafter.
2.	Payment will be required before any copying is started and before any copies are made available to the requestor.
3.	Unless the requested information is readily retrievable in the form requested, Purchasing is not required to and will not prepare a compilation or summary of said records.
4.	Requested records will not be allowed to leave the area designated for review by the Purchasing staff.
5.	Purchasing will not conduct a search for any document or record unless the requestor can provide reasonable identification of same.
CC	OMMENTS - FOR PURCHASING USE ONLY